

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

6699

LOCAL FILE NUMBER

 **Washington State Department of Health**  
**CERTIFICATE OF DEATH**

146

STATE FILE NUMBER

1. NAME <b>ELMER ALBERT CARLSON</b>		2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo, Day, Yr) <b>June 29, 1999</b>	
4. AGE LAST BIRTHDAY (Yr) <b>87</b>		5. UNDER 1 YEAR <b>YES</b>		6. UNDER 1 DAY <b>YES</b>	
7. BIRTHDATE (Mo, Day, Yr) <b>Dec 30, 1911</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Minneapolis, MN</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes / No) <b>No</b>	
10. CITY, TOWN OR LOCATION OF DEATH <b>Renton</b>		11. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>3600 NE 8th Street</b>		12. BACKWARD IN LAST 15 YEARS (Yr / No) <b>No</b>	
13. MARRITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		14. SURVIVING SPOUSE (If wife, give maiden name) <b>Ellen Vireen</b>		15. SOCIAL SECURITY NO. <b>473-01-2354</b>	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Civil Engineer</b>		17. KIND OF BUSINESS OR INDUSTRY <b>Commercial Construction</b>		18. DECEASED'S EDUCATION (Specify only highest grade completed) <b>High School Graduate (12)</b>	
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Civil Engineer</b>		20. Was Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>3600 NE 8th Street</b>		23. CITY/TOWN OR LOCATION <b>Renton</b>		24. STATE <b>WA</b>	
25. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Carl Carlson</b>		26. MOTHER'S NAME—FIRST, MIDDLE, LAST <b>Ellen Vireen</b>		27. ZIP CODE <b>98056</b>	
28. DECEASED'S NAME—FIRST, MIDDLE, LAST <b>Mary Helen Lowry</b>		29. ADDRESS—STREET OR RFD NO. <b>3326 Park Ave N, Renton, Washington 98056</b>		30. CITY OR TOWN <b>Seattle, Washington</b>	
31. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		32. DATE (Mo, Day, Yr) <b>July 1, 1999</b>		33. LOCATION—CITY/TOWN, STATE <b>Seattle, Washington</b>	
34. CREMATION—CITY/TOWN, STATE <b>Seattle, Washington</b>		35. NAME OF FACILITY <b>Bleiss Funeral Home</b>		36. ADDRESS—STREET <b>316 Florentia Street, Seattle, Washington 98109</b>	
37. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED: <b>Alzheimer's Disease</b>			40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED: <b>Alzheimer's Disease</b>		
41. SIGNATURE AND TITLE <b>Jenora Jolly M.D.</b>			42. SIGNATURE AND TITLE <b>Jenora Jolly M.D.</b>		
43. DATE SIGNED (Mo, Day, Yr) <b>6/29/99</b>			44. DATE SIGNED (Mo, Day, Yr) <b>6/29/99</b>		
45. NAME AND TITLE OF ATTENDING PHYSICIAN OTHER THAN CORONER (Type or Print) <b>Jenora Jolly M.D. 275 Harrison Way NE, Renton, Washington 98056</b>			46. NAME AND ADDRESS OF MEDICAL EXAMINER OR CORONER (Type or Print) <b>NJA#2463-99</b>		
47. ENTER THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED THE DEATH: <b>Alzheimer's Disease</b>			48. ENTER THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED THE DEATH: <b>Alzheimer's Disease</b>		
49. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Alzheimer's Disease</b>			50. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Alzheimer's Disease</b>		
51. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>Alzheimer's Disease</b>			52. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>Alzheimer's Disease</b>		
53. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT IMMEDIATE CAUSE GIVEN ABOVE. <b>Alzheimer's Disease</b>			54. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT IMMEDIATE CAUSE GIVEN ABOVE. <b>Alzheimer's Disease</b>		
55. ACC. SUICIDE, HOMICIDE, OR FENDING INQUEST. (Specify) <b>No</b>			56. ACC. SUICIDE, HOMICIDE, OR FENDING INQUEST. (Specify) <b>No</b>		
57. PLACE OF DEATH—AT HOME, RENT, HOTEL, ETC. <b>Home</b>			58. PLACE OF DEATH—AT HOME, RENT, HOTEL, ETC. <b>Home</b>		
59. RECORD AMENDMENT (If made, last only) <b>No</b>			60. RECORD AMENDMENT (If made, last only) <b>No</b>		
61. DATE RECEIVED (Mo, Day, Yr) <b>June 29, 1999</b>			62. DATE RECEIVED (Mo, Day, Yr) <b>June 29, 1999</b>		